

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2013 To: M M / D D / Y Y Y Y Y Y
03 31 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		3802.26
(b) Cash on Hand at Beginning of Reporting Period.....	4071.64	
(c) Total Receipts (from Line 19)	65.00	1030.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4136.64	4832.26
7. Total Disbursements (from Line 31)	-1286.84	-591.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5423.48	5423.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	48233.93	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ACTRIGHT

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

65.00

1030.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

65.00

1030.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

65.00

1030.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

65.00

1030.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

65.00

1030.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	587.34	1152.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	587.34	1152.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1904.18	-1904.18
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	30.00	30.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	30.00
29. Other Disbursements	0.00	130.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-1286.84	-591.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-1286.84	-591.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65.00	1030.00
34. Total Contribution Refunds (from Line 28(d))	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	587.34	1152.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	587.34	1152.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Brian S BrownMailing Address 2029 K Street NW
300

City Washington State DC Zip Code 20006

Purpose of Disbursement
Travel expenses reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 05 / 2013**Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. ALLEN WEST FOR CONGRESS

Mailing Address PO BOX 1108

City
STUARTState
FLZip Code
34995

Purpose of Disbursement

Check uncashed from 2012 YE

011

Candidate Name

Mr. ALLEN B WESTCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: FL

District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB23.4296

Amount of Each Disbursement this Period

-33.60

Full Name (Last, First, Middle Initial)

B. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City
LINCOLNState
NEZip Code
68501

Purpose of Disbursement

Check uncashed from 2012 M6

011

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB23.4248

Amount of Each Disbursement this Period

-179.87

Full Name (Last, First, Middle Initial)

C. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City
LINCOLNState
NEZip Code
68501

Purpose of Disbursement

Check uncashed from 2012 M6

011

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB23.4251

Amount of Each Disbursement this Period

-108.47

SUBTOTAL of Disbursements This Page (optional)..... ▶

-321.94

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BRUNING FOR SENATE INCORPORATED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Mailing Address PO BOX 83950

City	State	Zip Code
LINCOLN	NE	68501

Purpose of Disbursement
Check uncashed from 2012 M6

011

Transaction ID : SB23.4252

Amount of Each Disbursement this Period

-169.53

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Full Name (Last, First, Middle Initial)

B. BRUNING FOR SENATE INCORPORATED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Mailing Address PO BOX 83950

City	State	Zip Code
LINCOLN	NE	68501

Purpose of Disbursement
Check uncashed from 2012 M6

011

Transaction ID : SB23.4253

Amount of Each Disbursement this Period

-58.44

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Full Name (Last, First, Middle Initial)

C. BRUNING FOR SENATE INCORPORATED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Mailing Address PO BOX 83950

City	State	Zip Code
LINCOLN	NE	68501

Purpose of Disbursement
Check uncashed from 2012 M7

011

Transaction ID : SB23.4254

Amount of Each Disbursement this Period

-74.42

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-302.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City
LINCOLNState
NEZip Code
68501Purpose of Disbursement
Check uncashed from 2012 M7

011

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4255

Amount of Each Disbursement this Period

-262.48

Full Name (Last, First, Middle Initial)

B. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City
LINCOLNState
NEZip Code
68501Purpose of Disbursement
Check uncashed from 2012 M7

011

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4256

Amount of Each Disbursement this Period

-154.56

Full Name (Last, First, Middle Initial)

C. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City
LINCOLNState
NEZip Code
68501Purpose of Disbursement
Check uncashed from 2012 M8

011

Candidate Name

JON C BRUNINGCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4260

Amount of Each Disbursement this Period

-9.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-426.64

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City LINCOLN	State NE	Zip Code 68501
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Purpose of Disbursement
Check uncashed from 2012 M10

011

Candidate Name

JON C BRUNINGCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4270

Amount of Each Disbursement this Period

-19.20

Full Name (Last, First, Middle Initial)

B. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City LINCOLN	State NE	Zip Code 68501
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Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

JON C BRUNINGCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4284

Amount of Each Disbursement this Period

-19.20

Full Name (Last, First, Middle Initial)

C. COFFMAN FOR CONGRESS 2012

Mailing Address 9249 SOUTH BROADWAY #200-501

City HIGHLANDS RANCH	State CO	Zip Code 80129
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Purpose of Disbursement
Check uncashed from 2012 M8

011

Candidate Name

MICHAEL COFFMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4261

Amount of Each Disbursement this Period

-9.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-48.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHAUNCEY GOSS

Mailing Address PO BOX 07298

City	State	Zip Code
FORT MYERS	FL	33919

Purpose of Disbursement
Check uncashed from 2012 M9

011

Candidate Name

CHAUNCEY PORTER GOSSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4264

Amount of Each Disbursement this Period

-13.71

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHAUNCEY GOSS

Mailing Address PO BOX 07298

City	State	Zip Code
FORT MYERS	FL	33919

Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

CHAUNCEY PORTER GOSSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4286

Amount of Each Disbursement this Period

-9.60

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHAUNCEY GOSS

Mailing Address PO BOX 07298

City	State	Zip Code
FORT MYERS	FL	33919

Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

CHAUNCEY PORTER GOSSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4290

Amount of Each Disbursement this Period

-3.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-26.75

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHAUNCEY GOSS

Mailing Address PO BOX 07298

City	State	Zip Code
FORT MYERS	FL	33919

Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

CHAUNCEY PORTER GOSSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4291

Amount of Each Disbursement this Period

-52.80

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BOEHNERMailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I

City	State	Zip Code
WEST CHESTER	OH	45069

Purpose of Disbursement
Check uncashed from 2012 M10

011

Candidate Name

JOHN A BOEHNERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4267

Amount of Each Disbursement this Period

-96.00

Full Name (Last, First, Middle Initial)

C. GEORGE ALLEN FOR US SENATEMailing Address 2819 NORTH PARHAM ROAD
SUITE 210

City	State	Zip Code
RICHMOND	VA	23294

Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

GEORGE ALLENCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4293

Amount of Each Disbursement this Period

-25.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-174.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. HELLER FOR SENATE

Date of Disbursement

Transaction ID : SB23.4275

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: NV District: 00

B. KING FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.4278

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: IA District: 04

C. KURT BILLS FOR US SENATE

Date of Disbursement



Transaction ID : SB23.4287

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: MN District: 00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

-67.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. MCCLINTOCK FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
Check uncashed from 2012 M5

011

Candidate Name

THOMAS MCCLINTOCKCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4236

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

B. NEWT 2012Mailing Address 4501 NORTH FAIRFAX DR
SUITE 900

City	State	Zip Code
ARLINGTON	VA	22203

Purpose of Disbursement
Check uncashed from 2011 YE

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4240

Amount of Each Disbursement this Period

-24.00

Full Name (Last, First, Middle Initial)

C. NEWT 2012Mailing Address 4501 NORTH FAIRFAX DR
SUITE 900

City	State	Zip Code
ARLINGTON	VA	22203

Purpose of Disbursement
Check uncashed from 2011 YE

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4244

Amount of Each Disbursement this Period

-53.35

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-377.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. PETE HEGSETH FOR SENATE

Mailing Address PO BOX 270726

City	State	Zip Code
VADNAIS HEIGHTS	MN	55127

Purpose of Disbursement
Check uncashed from 2012 M8

011

Candidate Name

PETE HEGSETHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4257

Amount of Each Disbursement this Period

-19.20

Full Name (Last, First, Middle Initial)

B. PETE HEGSETH FOR SENATE

Mailing Address PO BOX 270726

City	State	Zip Code
VADNAIS HEIGHTS	MN	55127

Purpose of Disbursement
Check uncashed from 2012 M10

011

Candidate Name

PETE HEGSETHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4274

Amount of Each Disbursement this Period

-19.20

Full Name (Last, First, Middle Initial)

C. PETE HEGSETH FOR SENATE

Mailing Address PO BOX 270726

City	State	Zip Code
VADNAIS HEIGHTS	MN	55127

Purpose of Disbursement
Check uncashed from 2012 30G

011

Candidate Name

PETE HEGSETHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB23.4285

Amount of Each Disbursement this Period

-19.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-57.60

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. RICKPERRY.ORG INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Mailing Address 228 S WASHINGTON STREET
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Check uncashed from 2011 YE

011

Transaction ID : SB23.4245

Amount of Each Disbursement this Period

-20.71

Candidate Name

JAMES R (RICK) PERRYCategory/
Type

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

B. RON DESANTIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
Check uncashed from 2012 M10

011

Transaction ID : SB23.4271

Amount of Each Disbursement this Period

-52.80

Candidate Name

RONALD D DESANTISCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 06

Full Name (Last, First, Middle Initial)

C. WALSH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Mailing Address 17250 KNOLL TRAIL #302

City DALLAS State TX Zip Code 75248

Purpose of Disbursement
Check uncashed from 2012 30G

011

Transaction ID : SB23.4281

Amount of Each Disbursement this Period

-28.80

Candidate Name

GEOFFREY F WALSHCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 04

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-102.31

-1904.18

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

November use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

December use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

February and March reporting and processing
services retainer

Mailing Address 209 W Main St

City State Zip Code
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2350.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services and June retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

1) **SUBTOTALS** This Period This Page (optional)..... ►

4748.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

June reporting and processing services and
July retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

July reporting and processing services and
August retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2402.50

Transaction ID : SD10.4189

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2402.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

August reporting and processing services and
September retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2631.00

Transaction ID : SD10.4188

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2631.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7800.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

September reporting and processing services
and October retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2566.00

Transaction ID : SD10.4187

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2566.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

October reporting and processing services and
November retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

4241.50

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4241.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

November reporting and processing services
and December retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2657.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9464.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

December reporting and processing services
and Jan retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

January reporting and processing services and
Feb retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and
reporting retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4319

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6720.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
July legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
August legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
September legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4196

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barry A Bostrom

Nature of Debt (Purpose):

Legal services in January

Mailing Address 2524 N 8th Street

City State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Bothwell

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7400.00

2) **TOTALS** This Period (last page this line number only)..... ►

48233.93

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

48233.93